

**DEPARTMENT OF FOOD AND AGRICULTURE**

Meat and Poultry Inspection Branch

1220 N Street

Sacramento, CA 95814

(916) 654-0504

79-015 (Rev 08/08)

Date \_\_\_\_\_

**DRIVER/VEHICLE INFORMATION FOR RENDERERS***Please Print or Type*

Name of Business	Phone Number	FAX Number
Mailing Address	Location (if different)	
City, State, Zipcode	City, County, Zipcode	
Contact Person(s) - Please Print or Type		

**Use Additional Sheets if Necessary to Answer the Following Information:**

Drivers' Name	Drivers' License Number	Drivers' Name	Drivers' License Number

**LICENSE PLATE NUMBERS OF VEHICLES**


Any changes in the information provided must be reported to the Meat and Poultry Inspection Branch within 15 days.

Obtaining all information requested is mandatory and required before a license can be issued according to requirements in Division 9 of the California Food and Agricultural Code.

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_

I declare under penalty of perjury that the information provided on this application is true and accurate to the best of my knowledge.